		COMPLETE THIS SECTION ON DELIVERY
Case 1:07-cv-00798-	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A Signature A Signature A Signature A Addresse. B. Acceived by (Printed Name) C. Date of Deliver D. Is delivery address different from item 1? Yes No
	Dianne Ream 1133 W. Main Street Dothan, AL 36301 If YES, enter delivery address below: If YES,	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	(Transfer from service label)	7006 2760 0002 4407 2384 eturn Receipt 102595-02-M-154
	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A Signature A Signature
	D. Ream Properties 1133 W. Main Street Dothan, AL 36301	If YES, enter delivery address below: No
	2. Article Number 7006 27	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
		Return Receipt 102595-02-M-154